

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)								FILING NO. 10202555		FILING DATE	
8-21-70								CLAIMS			
NO.	AS FILED		AFTER SEARCHED		AFTER SEARCHED AND DOCUMENTED		NO.	AS FILED		AFTER SEARCHED	
	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.		NO.	O.C.P.	NO.	O.C.P.
1			1				61				
2			1				62				
3			1				63				
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TOTAL NO.							TOTAL NO.				
TOTAL O.C.P.							TOTAL O.C.P.				
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